

Attachment D Infection Control Policy

METHODS OF IMPLEMENTATION AND CONTROL

OSHA requires that the ECP include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement.

Standard Precautions

All employees will utilize standard precautions. Standard precautions will be observed in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive education on this ECP during orientation, and annually. All employees have an opportunity to review this plan at any time during their work shifts by contacting the Infection Control Nurse at extension #7299, Nursing Supervisor (for evening or night shift) or locating this policy in the Infection Control Manual. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The exposure control plan will be reviewed at least annually and updated when necessary. This review will take into account any new or modified tasks and procedures which affect occupational exposure and any new or revised employee positions with occupational exposure. It will also reflect any new or changed technology used to eliminate or reduce exposure to bloodborne pathogens. Annual consideration and implementation (as needed) is given to appropriate commercially available and effective safer medical devices and products that reduce the risk of exposure. In accordance with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, the following exposure control plan has been developed

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. The specific engineering controls and work practice controls used are listed below:

- ***Hand Washing Facilities:***

Hand washing facilities are available to those who incur exposure to blood or other potentially infectious materials. These facilities are readily accessible after incurring exposure. Hand washing facilities are located: in each bathroom, in each soiled utility room, in each treatment room and kitchen on every patient unit, in

each exam room in the clinic area, and in each bathroom in the administrative and canteen areas. In addition alcohol based hand gel is available on all units, Central Supply, and in the Nursing Supervisors office for times when hand washing facilities are not feasible. Once used then hands are to be washed with soap and water once available.

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as appropriate as soon as feasible following contact.

- ***Safety Needles (with Engineered Sharps Injury Protection)***

Contaminated needles and other contaminated sharps will not be bent, recapped, removed sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique. At this facility recapping or removal is only permitted in the Dental Area by the Dentist. Both a mechanical device and a one scoop method are used. The only exception to this practice is unless it can be demonstrated there is no feasible alternative.

Injectons and Venipunctures are performed with a syringe or hub that has a retractable needle. The mechanism is activated by pushing the colored dot on the end of the syringe, pushing the black button on the butterfly needles, and closing the cap on the venipuncture hub. This is done without removing the needle from the patient's skin; once the mechanism is activated it will automatically withdraw from the injection/venipuncture site.

Injectons and Venipunctures should be performed as close to a sharps container as possible for immediate disposal.

- ***Sharp Containers (Non-reusable)***

Re-usable sharps are not used at MSH. All sharps including syringes, lancets, vacutainers, venipuncture needles, razors, and glass shall be placed in a red, puncture and leak proof Sharp Container that is labeled with a Biohazard Sticker. These containers are also equipped with an additional safety feature that when they are 2/3's full the disposal door will no longer open and the word "full" is able to be read on the door. At this time a new container is gotten from Central Supply and the full one is locked using the built in locking mechanism and taken to the Biohazard Waste Storage Room for pick up by our contract waste disposal company. The container is transported to the biohazard waste storage room in a secondary biohazard labeled, puncture resistant and leak proof container. It is the

responsibility of all unit nurses to maintain this practice of replacing a full sharps container with an empty one, and disposing of the used one in the Biohazard Waste Storage Room. In addition, all unused sharps containers are to be marked with the unit number of where it has been used. This will allow for identification of where the sharp items in that container came from in case of spillage and potential exposure risk if the container is placed in Biohazard trash without properly using the locking mechanism. No sharp container should be overfilled. Sharp containers are in all medication, treatment and exam rooms.

- ***Work Area Restrictions***

In all patient and clinic areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited. All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

- ***Specimen Handling***

All procedures involving blood or other potentially infectious material is performed in such a manner that minimizes splashing, spraying, or other actions generating droplets of these materials.

Specimens of blood or other potentially infectious materials will be placed in a container, which prevents leakage during the collection, handling, processing, storage, and transport of the specimens.

The containers used for this purpose will be labeled Biohazard. All specimens that could puncture a primary container will be placed within a secondary container, which is puncture resistant. At MSH once a specimen is obtained it is placed in a leak proof lab bag which has the biohazard label on it, and then placed in the locked lab specimen box hanging on the treatment room door. Specimens are then picked up by Clinic Services and transported to the lab in a puncture resistant, leak proof container. If additional or stat labs are ordered requiring nursing staff to bring the specimen to the Clinic Lab Processing area it should follow this same protocol, of bagging in an appropriate marked lab bag and transporting in a puncture and leak proof container provided for such purposes.

Please refer to the Lab Processing Manual for more information. No pipetting/suctioning of blood or other potentially infectious material occurs during the lab processing.

- ***Repair of Contaminated Equipment***

Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible. Currently, equipment which it is felt cannot be decontaminated prior to servicing or shipping would be our AED's and Glucometers if more than surface cleaning/decontamination is needed.

If contaminated equipment is sent for repair, the equipment manufacturer or service representative, employees handling the equipment and general store clerks are given information concerning the contamination.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training is provided during orientation and annually in the use of the appropriate PPE for the tasks or procedures employees will perform. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time, which the protective equipment will be used.

The types of PPE available to employees are as follows:

- Gloves
- Mask
- Gowns
- Face Shield
- Clinic Jacket/Lab coat
- Eyewear
- Shoe Covers
- Caps
- CPR shield

Each unit, housekeeper closet, biohazard room, auditorium, patient treatment areas and state vehicles have a PPE kit. Equipment may vary by need, with all PPE distributed from Central Supply. Most commonly, PPE boxes are located in each soiled utility room, treatment and medication rooms. These commonly contain Gloves, Gowns, Mask, Hair and Shoe Covers, Blood Spill supplies and CPR shield. They also contain a spit sock to be used per Restraint Policy and Procedure located in the Nursing P & P book. Central Supply and the Outbreak Rooms are located in the Clinic Service Areas. All employees have access to one Central Supply room containing medical supplies including PPE. Nursing Supervisors have access to the remaining Central Supply and Outbreak Room.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Used PPE may be disposed of in Biohazard trash if contaminated with blood or other infectious materials.
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or other potentially infectious materials (OPIM), and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration. Utility gloves are not used for patient care.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.
- Refer to diagrams for donning and removing PPE.
- PPE boxes contain disposable PPE with the exception of where safety glasses are supplied.

Regulated Medical Waste

Regulated waste is placed in biohazard trash cans which are closable, constructed to contain all contents and prevent leakage, appropriately labeled and closed prior to removal to prevent spillage or protrusion of contents during handling. Each biohazard trash can is lined with a biohazard (red) bag. A biohazard trash can is kept in each treatment room and in each soiled utility room. If no trash can is in feasible distance then double bagging contaminated items in red biohazard bags, and transporting in a puncture and leak proof container to the biohazard trash is appropriate.

All contaminated sharps shall be discarded as soon as feasible in sharps containers as mentioned under ***Sharp Containers*** in a previous section.

When biohazard containers on the units are full they are taken to the Biohazard Room A132 for placement in a larger biohazard trash container. Each larger container shall be lined with a biohazard bag, tied when full, and have the lid completely shut when full. SteriCycle is the contracted agency that picks up the biohazard trash.

Only Regulated Waste goes into the biohazard trash. Regulated waste used at MSH is: Visibly bloody gloves, saturated bandages, blood saturated items, visibly contaminated PPE, Saturated gauze, Blood and infectious body fluids, and Closed Sharps Disposable Containers. The Dental offices and IMC's may also have additional regulated medical waste such as certain pathological waste.

Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in a red biohazard bag at the location where it was used. If red biohazard bags are not available at the location, then double bagging items in a regular trash bag may be used. Such laundry will not be sorted or rinsed in the area of use. After bagging, the bags can go in the laundry cart, which is covered and kept in the soiled utility room for pick up by the Laundry personnel.

All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

Other

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination. Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dust pan.

All items that contain blood or other potentially infectious material will be labeled with a Biohazard sticker or in a red Biohazard bag.

HEPATITIS B VACCINATION

The Employee Health Clinic Nursing Supervisor or designated staff will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the Employee's health file.

Vaccinations are provided by the clinic staff. The first dose must be given with the Employee Health Clinic Physician present.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact the Infection Control Nurse (extension 7299), the Employee Health Clinic Nursing Supervisor (extension 7455) or any Nursing Supervisor in the Supervisors office (extension 7282).

An Exposure Report will be started following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the exposure report includes:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual.
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive new testing need not be performed.
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV, HCV, and HIV serological status.
- The employee will be evaluated by our OHP or KDH ER for injuries if necessary and the need for post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
- The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The Infection Control Nurse will review circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (*gloves, eye shields, etc.*)
- location of the incident
- procedure being performed when the incident occurred
- employee's training

All percutaneous injuries from contaminated sharps will be recorded in the Sharps Injury Log.

If it is determined that revisions need to be made the Infection Control Nurse will ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- an explanation of our ECP and how to obtain a copy

- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- an opportunity for interactive questions and answers with the person conducting the training session.

Training materials are available from the Infection Control Nurse or the Employee Health Clinic Supervisor.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days.

Sharps Injury Log

All percutaneous injuries from contaminated sharps are recorded in the Sharps Injury Log. All incidences must include at least:

- the date of the injury
- the type and brand of the device involved
- the department or work area where the incident occurred
- an explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

Reference: www.osha.gov/oshdoc/directive_pdf/cpl_2-2_69_appd

PLEASE REFER TO THE EMPLOYEE HEALTH SECTION FOR ADDITIONAL POLICIES RELATING TO BLOODBORNE PATHOGENS INCLUDING:

- Criteria for Determining Exposure to Communicable Diseases
- Management of Accidental Exposure to Communicable Diseases
- Hepatitis B Immunization Program
- Hepatitis B Vaccine Information
- Hepatitis B Vaccine Consent/Declination Form
- Bloodborne Pathogens Post-Exposure Evaluation and Follow-Up
- Hepatitis B Exposure Prophylaxis
- Potential HIV Exposure
- Consent Form for HIV Testing